

MITCHELL MANOR

5301 WEST LINCOLN AVENUE

WEST ALLIS 53219

Phone: (414) 615-7200

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 74

Total Licensed Bed Capacity (12/31/03): 74

Number of Residents on 12/31/03: 70

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Limited Liability Company

Skilled

Yes

Yes

Yes

69

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		25.7
Supp. Home Care-Personal Care	No					1 - 4 Years		44.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		15.7
Day Services	No	Mental Illness (Org./Psy)	41.4	65 - 74	1.4			----
Respite Care	No	Mental Illness (Other)	2.9	75 - 84	32.9			85.7
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	55.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.9		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	20.0	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	2.9		-----	RNs		10.5
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		16.5
Other Services	No	Respiratory	2.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.1	Male	22.9	Aides, & Orderlies		
Mentally Ill	No		----	Female	77.1			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
			Per Diem (\$)		Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	3.7	191	0	0.0	0	0	0.0	0	1	1.4
Skilled Care	5	100.0	343	28	87.5	123	0	0.0	0	26	96.3	191	5	83.3	123	0	0.0	0	64	91.4
Intermediate	---	---	---	4	12.5	102	0	0.0	0	0	0.0	0	1	16.7	123	0	0.0	0	5	7.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		32	100.0		0	0.0		27	100.0		6	100.0		0	0.0		70	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.0	Bathing	2.9	78.6	18.6	70
Other Nursing Homes	3.1	Dressing	10.0	70.0	20.0	70
Acute Care Hospitals	81.6	Transferring	25.7	57.1	17.1	70
Psych. Hosp.-MR/DD Facilities	2.0	Toilet Use	11.4	60.0	28.6	70
Rehabilitation Hospitals	2.0	Eating	54.3	28.6	17.1	70
Other Locations	10.2	*****				
Total Number of Admissions	98	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.1	Receiving Respiratory Care	10.0	
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	72.9	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	17.8	Occ/Freq. Incontinent of Bowel	50.0	Receiving Suctioning	0.0	
Other Nursing Homes	6.9			Receiving Ostomy Care	1.4	
Acute Care Hospitals	12.9	Mobility		Receiving Tube Feeding	5.7	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	37.1	
Rehabilitation Hospitals	0.0					
Other Locations	24.8	Skin Care		Other Resident Characteristics		
Deaths	37.6	With Pressure Sores	7.1	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	1.4	Medications		
(Including Deaths)	101			Receiving Psychoactive Drugs	70.0	

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.2	84.7	1.10	88.1	1.06	86.6	1.08	87.4	1.07
Current Residents from In-County	90.0	81.8	1.10	88.7	1.01	84.5	1.07	76.7	1.17
Admissions from In-County, Still Residing	25.5	17.7	1.45	20.6	1.24	20.3	1.26	19.6	1.30
Admissions/Average Daily Census	142.0	178.7	0.79	189.9	0.75	157.3	0.90	141.3	1.01
Discharges/Average Daily Census	146.4	180.9	0.81	189.2	0.77	159.9	0.92	142.5	1.03
Discharges To Private Residence/Average Daily Census	26.1	74.3	0.35	75.8	0.34	60.3	0.43	61.6	0.42
Residents Receiving Skilled Care	92.9	93.6	0.99	94.9	0.98	93.5	0.99	88.1	1.05
Residents Aged 65 and Older	100	84.8	1.18	91.0	1.10	90.8	1.10	87.8	1.14
Title 19 (Medicaid) Funded Residents	45.7	64.1	0.71	48.6	0.94	58.2	0.79	65.9	0.69
Private Pay Funded Residents	38.6	13.4	2.87	30.8	1.25	23.4	1.65	21.0	1.84
Developmentally Disabled Residents	0.0	1.1	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	44.3	32.2	1.38	31.3	1.42	33.5	1.32	33.6	1.32
General Medical Service Residents	27.1	20.8	1.30	24.1	1.13	21.4	1.27	20.6	1.32
Impaired ADL (Mean)	50.0	51.8	0.96	48.8	1.03	51.8	0.96	49.4	1.01
Psychological Problems	70.0	59.4	1.18	61.9	1.13	60.6	1.15	57.4	1.22
Nursing Care Required (Mean)	7.9	7.4	1.06	6.8	1.15	7.3	1.08	7.3	1.07